


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S82473</b>		
1. Entity Name <b>S &amp; B METAL PRODUCTS OF SOUTH FLORIDA, INC.</b>		
Principal Place of Business <b>5301 GATEWAY BLVD. LAKELAND, FL 33811 US</b>		Mailing Address <b>5301 GATEWAY BLVD. LAKELAND, FL 33811 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>BALLIETTE, PAUL R. 5301 GATEWAY BLVD. LAKELAND, FL 33811</b>		<b>DO NOT WRITE IN THIS SPACE</b>
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	BALLIETTE, PAUL R.	
STREET ADDRESS	799 FREELING DR	
CITY-ST-ZIP	SARASOTA, FL	
TITLE	STD	
NAME	CINDY J. BALLIETTE	
STREET ADDRESS	799 FREELING DRIVE	
CITY-ST-ZIP	SARASOTA, FL	
TITLE	PD	
NAME	CAMPBELL, STEPHEN R.	
STREET ADDRESS	2936 GRASSLANDS DRIVE	
CITY-ST-ZIP	LAKELAND, FL	
TITLE	S	
NAME	KING, MARIANNE	
STREET ADDRESS	2060 CASE PKWY	
CITY-ST-ZIP	TWINSBURG, OH 44087	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Marianne King, MARIANNE KING, ASST. SEC</u> <u>4/21/06</u> <u>330-487-5790</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #</small>		



04122006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3083607</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

U00000538660  
05/09/06-80067-016 150.00

**DO NOT WRITE  
IN THIS SPACE**